

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ADDITIONAL PARAGRAPHS FOR ANSWER/RESPONSE TO	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where this case was filed. Enter the name of the person or company that filed this case as Plaintiff/Petitioner. Enter your the name as the Defendant/Respondent. Enter the Case Number given by the Circuit Clerk.	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Plaintiff / Petitioner <i>(First, middle, last name or Company)</i> </div> <div style="text-align: center; margin-bottom: 10px;">v.</div> <div style="border-bottom: 1px solid black;"> Defendant / Respondent <i>(First, middle, last name)</i> </div>	<div style="border-bottom: 1px solid black; margin-top: 20px;"> Case Number </div>

Enter the number and letter of each additional paragraph and subparagraph in the Complaint/Petition.

- Check “Admit” if you agree all of the statements in the paragraph are true; or
- Check “Deny” if you disagree with any of the statements in the paragraph; or
- Check “Do Not Know” if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.

My answer to the Complaint/Petition is:

Paragraph
Number

Subparagraph
Letter *(if applicable)*

		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know
		<input type="checkbox"/>	Admit	<input type="checkbox"/>	Deny	<input type="checkbox"/>	Do Not Know

Attach this form to the Answer/Response to Complaint/Petition form.